

Check One

- ☐ Atlanta Board of Education
- □Firefighters
- ☐ General Employees
- □Police Officers

Defined Benefit Pension Funds Request for Pension Estimate Form

Return Form to:
City of Atlanta

Department of Finance – Pension Office
55 Trinity Avenue, S. 1600
Atlanta, Georgia 30303-3534
404.330.6260

Estimates cannot be made unless you are currently eligible or will be eligible for retirement within one year of the date requested.

Requests for estimates are limited to two (2) per calendar year.

Date:

Day

Participant Information				
Name:	First	Middle or Ma	niden	
Social Security #:/	/	Date of Birth:		
Department:		Date of Hire:		
Job Title:				
Estimated Date of Retirement:	(Should not b	e more than 1 year in the futu	re)	
Mailing Address				
	,	1	/	/
Street		City	State	Zip Code
Phone Information				
()		_/()_ Work, cell or pager		